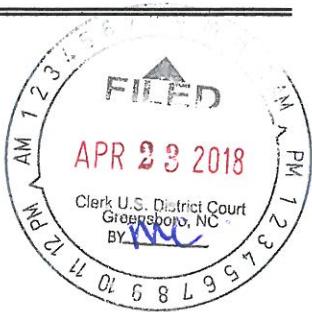


UNITED STATES DISTRICT COURT

for the

Middle District of North Carolina

Division



Arnold Moore

Case No.

18CV324

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Northeastern University

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Jury Trial: (check one) Yes No

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Arnold Moore		
Address	22 White Spruce Court		
	Durham	NC	27703
County	Durham		
Telephone Number	919-391-4732		
E-Mail Address	aj-moor@hotmail.com		

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	Northeastern University		
Job or Title (if known)			
Address	360 Huntington Avenue		
	Boston	MA	02115
County	City		
Telephone Number	Suffolk		
E-Mail Address (if known)	617-373-2000		
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Defendant No. 2

Name	Thomas Nedell		
Job or Title (if known)	Senior VP & Treasurer		
Address	360 Huntington Avenue		
	Boston	MA	02115
County	City		
Telephone Number	Suffolk		
E-Mail Address (if known)	617-373-2240		
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Defendant No. 3

Name _____

Job or Title (*if known*) _____

Address _____

City _____

State _____

Zip Code _____

County _____

Telephone Number _____

E-Mail Address (*if known*) _____

Individual capacity Official capacity

Defendant No. 4

Name _____

Job or Title (*if known*) _____

Address _____

City _____

State _____

Zip Code _____

County _____

Telephone Number _____

E-Mail Address (*if known*) _____

Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Deprivation of Civil Rights

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

In Durham, North Carolina approximately September 2015 to June 2017 where the plaintiff was set and taking Online classes with the university. The plaintiff was assigned Ms. Janet Anderson as his disability coordinator into his first quarter. She was given all documentation from plaintiffs doctors at the Veteran Hospital to assess his needs. However, she didn't offer a classroom accommodation, just one for the test. When the doctors and plaintiff indicated having concentration problems which made his +
+

B. What date and approximate time did the events giving rise to your claim(s) occur?

From September 2015 to June 2017

C. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

I wasn't given the right to proper classroom accommodations by Ms Janet Anderson from the beginning. Therefore, my grades suffer the couple quarters of school. Ms. Anderson offered only a test accommodation which was fine but not properly assessing whether the I needed an e-reader for my concentration problems hurt me in the beginning. Then, Mr. Kyle Droz excluded me from participation by denying me the benefit of receiving accommodations for Vestibular Migraines. He said "there aren't any accommodations for migraines", when I spoke with Ms. Anderson before she retired about me having migraines and she told me there were accommodations for them. I had to make many calls without any answer from Mr. Droz. Afterwards, talking with someone else that told him and me there were accommodations, but this made the process longer than should have been by weeks. Also, I had an assignment to turn in with my group but was having disability problems. I informed Dr. Joseph Griffin professor/instructor of me needing to use my 1-3 day accommodation, but he said "it had to be an emergency". I couldn't use my accommodations on project work but the project is split for each individual to have a section to complete. The email of the incident was also forwarded to Mr. Droz. +
+

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

When the doctors and plaintiff indicated having concentration problems which made his grades suffer. 2. Excluded & denied from participation in, accommodating a qualified person with a disability. Mr. Kyle Droz (DRC Coordinator) denied plaintiff accommodation(s) for his Vestibular Migraines saying "there aren't any accommodations for Migraines. The time it took for that denial and eventually being overruled and given an accommodation was about three (3) weeks or more. Therefore, failure to make determination within a reasonable amount of time when the plaintiffs taking 6-week classes, according to the Americans with Disabilities Act. 3. Failure to offer reasonable accommodations were not made for the plaintiff when offered a eReader/E-Text software available for download to all students, without a backup plan in place for adverse reactions to that software. The plaintiff had an adverse reaction to that software and was told it was all they could offer him. Offering another aid wouldn't have imposed an undue burden on the university. 4. Plaintiff had the accommodation of 1-3 days to turn in work late, according to his agreement. However, in one of his classes the professor (Dr. Joseph Griffin) told him "it had to be an emergency" to turn in his work late for an assignments/projects. Therefore, ignoring the accommodations letter with accommodations sent to professors from the Disabilities Resource Center (DRC) for the plaintiff is a clear violation of the law and his rights.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

During the time of not having proper accommodations, I started having vestibular migraines that were managed very well by the plaintiff and VA Hospital. Then had to find a medication regimen that could help with the persistent migraines. That was being had everyday limiting the plaintiffs life with daily activity including with family. Which caused secondary disabilities to arise from his list of disabilities from the VA.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Damages of \$500,000 for not following the laws set for educational institutions collecting federal money. Also, being a catalyst for my migraines w/vertigo with secondary disabilities that would plague me throughout without the proper accommodations to maintain a healthy lifestyle and be very successful in the classroom. Which affected my classroom performance and communication with faculty, students and home life.

1. Northeastern University 360 Huntington Avenue, Boston, MA 02115
2. Northeastern University 360 Huntington Avenue, Boston, MA 02115 with Thomas Nedell, Senior VP & Treasurer
3. The case is being filed in Federal Court because Northeastern University violated the Americans with Disabilities Act of 1990.
4. From the beginning Ms. Janet Anderson (DRC Coordinator) did not assess the plaintiff's disability(s) acceptably & effectively with the appropriate classroom and/or test accommodations. That was fitting of his Psychological Disorder.
5. Excluded/denied from participation in, accommodating a qualified person with a disability. Mr. Kyle Droz (DRC Coordinator) denied plaintiff accommodation(s) for his Vestibular Migraines saying "there aren't any accommodations for Migraines. The time it took for that denial and eventually being overruled and given an accommodation was about three (3) weeks or more. Therefore, failure to make determination within a reasonable amount of time when the plaintiffs taking 6-week classes, according to the Americans with Disabilities Act.
6. Failure to offer reasonable accommodations were not made for the plaintiff when offered a eReader/E-Text software available for download to all students, without a backup plan in place for adverse reactions to that software. The plaintiff had an adverse reaction to that software and was told it was all they could offer him. Offering another aid wouldn't have imposed an undue burden on the university.
7. Plaintiff had the accommodation of 1-3 days to turn in work late, according to his agreement. However, in one of his classes the professor told him "it had to be an emergency" to turn in work late for team assignments. Therefore, ignoring the accommodations letter with accommodations sent to professors from the Disabilities Resource Center (DRC) for the plaintiff is a clear violation of the law and his rights.

8. The plaintiff is seeking \$500,000 in relief for violating his Americans with Disabilities Act rights.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2/20/2018 AM 23 APR. 18

Signature of Plaintiff



Printed Name of Plaintiff

Arnold Moore

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address
